

| CLAIMS ONLY | | | | | | | Application Number 10-791893 | Filing Date |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------------|
| | | | | | | | Applicant(s) | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| 50 | | | | | | | 100 | |
| Total Indep | 3 | | | | | | Total Indep | |
| Total Depend | 14 | | | | | | Total Depend | |
| Total Claims | 14 | | | | | | Total Claims | |